



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
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FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO
ATTENTION OF

MCHO-CL-P

20 SEP 2001

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Metrics and Procedures for Improving Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) Processing

1. The timely processing of soldiers with injuries and impairments has a major impact on the readiness of the Army. Medical evaluation board processing is a core competency for the Army Medical Department. The metrics for processing MEBs have been incorporated into the Balanced Scorecard and are also a component of the quarterly Review and Analysis.
2. A work group consisting of selected major commands was tasked to review the entire process from injury/illness to separation and has made several recommendations to improve the timeliness and quality of the current system. Recommendations from the workgroup (Enclosure 1) should be assessed and implemented as applicable by the military treatment facilities (MTFs) under your command. The goals on the timeline (Enclosure 2) are specific and measurable.
3. Medical treatment facilities have made significant improvements in the processing of MEBs, but we have an opportunity to implement new strategies and improve the efficiency of the current processes. No single solution will meet the needs of every MTF; however, the MTFs must commit both time and resources for this effort.
4. The point of contact for Headquarters, U.S. Army Medical Command is LTC Charles Oliver, Patient Administration Division, Office of the Assistant Chief of Staff for Health Policy and Services, DSN 471-6113 or Commercial (210) 221-6113.

2 Encls


JAMES B. PEAKE
Lieutenant General
Commanding

**METRICS/RECOMMENDATIONS FOR PROCESSING
MEDICAL EVALUATION BOARDS (MEBs)/PHYSICAL EVALUATION BOARDS (PEBs)**

1. Metrics:

(a) The MEB should be completed and mailed within 90 days from physician initiation (MEDCOM standard).

(b) The MEB should be mailed within 30 days from dictation of the Narrative Summary (Department of Defense Instruction 1332.38, Physical Disability Evaluation). The 30 day Department of Defense (DoD) standard is a sub-component of the MEDCOM standard.

(c) The percentage of returned cases should not exceed 10 percent of cases mailed. Returned cases should be resubmitted to the PEB within 30 days of receipt.

(d) All permanent profiles (3 or 4) must receive an MEB or Military Occupational Specialty/Medical Retention Board (MMRB).

(e) Temporary profiles greater than 1 year must be reviewed to determine if a permanent profile or other clinical intervention is required.

(f) The status of soldiers in medical hold (MEDHOLD) must be assessed on a monthly basis and soldiers in MEDHOLD for greater than 1 year will be evaluated for referral into the physical disability evaluation system (PDES).

2. The MEB Physician: Military treatment facilities (MTFs) should establish a centralized processing center for completing MEBs and appoint an MEB physician(s) to oversee the process. Training for the MEB physician can be provided by the MEDCOM and the U.S. Army Physical Disability Agency.

3. Case Manager: Case managers/nurse administrators should be utilized to facilitate the timely scheduling of MEB appointments and coordinating the results of specialty consults. Appointments for soldiers undergoing MEB processing should be closely managed by MEB processing personnel and soldiers should not schedule their own appointments.

4. Profiles: All permanent profiles should be tracked by MTFs from issuance until the MMRB or MEB has been completed. Procedures must be in place to ensure that permanent profiles are distributed to unit commanders and the Military Personnel Office in accordance with Army Regulation (AR) 40-501, Standards of Medical Fitness. The MTFs must also provide training for physicians on the correct procedures for writing profiles. Physicians should be cognizant of how long soldiers have been on temporary profiles and must thoroughly understand when it is appropriate to refer a soldier to an MEB versus undergoing a MMRB.

Enclosure 1

5. Appointments: Priority appointments should be provided for soldiers undergoing disability processing. Army Regulation 40-400, Patient Administration, was changed to reflect this requirement. Appointments should be scheduled by a centralized point of contact (POC) for the soldier.
6. Medical Hold: Monthly reviews of the MEDHOLD roster should occur by the Deputy Commanders for Clinical Services (DCCSs) or their designated representative to ensure these soldiers are being processed in a timely manner. The MTFs will provide the MEDCOM Patient Administration (PAD) a quarterly report of soldiers that are on the MEDHOLD roster.
7. Rehabilitation: The rehabilitation phase is potentially the most time consuming phase and is by far, the most difficult to monitor. Physicians must implement treatment plans that allow the soldier to reach maximum hospital benefit or optimum treatment as quickly as possible. Soldiers will be referred into the PDES as soon as the probability that they will be unable to return to full duty is ascertained and optimal medical treatment benefits have been attained. All members shall be referred for evaluation within 1 year of the diagnosis of their medical condition if they are unable to return to military duty. Optimal care is defined as the point of hospitalization or treatment when a soldier's progress appears to be stabilized; or when, following administration of essential initial medical treatment, the soldier's medical prognosis for being capable of performing further duty can be determined.
8. Returned Cases: The DCCS or the designated MEB approving official should review all cases returned by the PEB. Returned cases will be expeditiously returned to the PEB with the required corrections within 30 days. The return case rate should not exceed 10 percent of cases processed.
9. Medical Evaluation Board Internal Tracking Tool (MEBITT): The MEBITT has been fielded to all MTFs and will be the primary database for managing soldiers in the PDES. The MEBITT provides MTFs with access to real time and retrospective data. Additionally, it provides MTFs the ability to conduct data analysis, provide unit commanders status updates, and identifies when cases have exceeded the standards.
10. Training Guide: A training guide has been developed that provides a consolidated list of references for personnel involved with the disability process. The guide contains the links to the applicable Army and DoD regulations, as well as a series of briefing slides that can be used to train staff on the PDES. The MEDCOM Training Guide on Disability Processing should be disseminated to all personnel involved with the disability process. The training guide has been posted to the PAD website at <http://www.armymedicine.army.mil/pad/>.